JUN 1 2007

UNITED STATES
URITIES AND EXCHANGE COMMIS

SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response...1

SEC	Use On	ıly
Prefix		Serial
DATE	RECEIV	'ED

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National Archives and Records	s an amendment and name has changed, and Administration, 23123 Cajalco R of limited liability company mem	koad, Perris (Rivei	rside County), Ca	alifornia ~
Filing Under (Check box(es) that apply): Type of Filing: New Filing	Rule 504 Rule 505 Amendment	⊠ Rulc 506	Section 4(6)	ULOE
	A. BASIC IDENTIFI	CATION DATA		
I. Enter the information requested abor Name of Issuer (check if this is ARCHIVIO RIVERSIDE SPO	s an amendment and name has changed, and	indicate change.)	0706	38398 38398
Address of Executive Offices (Numb 1345 North Wells Street, Chica	er of Street, City, State, Zip Code) go, Illinois 60610	,	Telephone number (312) 640-141	(including area code)
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telepho	ne number (including	area code)
Brief Description of Business Investment in real estate through	gh special purpose limited liability	y companies		
Type of Business Organization corporation business trust	☐ limited partnership, already formed ☐ limited partnership, to be formed	limited	r (please specify): liability company	PROCESSED
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizat	Month n or Organization: 06 tion: (Enter two-letter U.S. Postal Service ab	06 🛭 Acti obreviation for State:	DE	PROCESSED JUN 2 7 2007 THOMSON FINANCIAL
77d(6). When To File: A notice must be filed not exchange Commission (SEC) on the earlis due, on the date it was mailed by Unite Where To File: U.S. Securities and Excha Copies Required: Five (5) copies of this in photocopies of the manually signed copy Information Required: A new filing must thereto, the information requested in Part not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliat and that have adopted this form. Issuers been made. If a state requires the paymenotice shall be filed in the appropriate state.	ering of securities in reliance on an exemptical ster than 15 days after the first sale of securities of the date it is received by the SEC at the distance of the date it is received by the SEC at the distance Commission, 450 Fifth Street, N.W., Who to the commission, 450 Fifth Street, N.W., who tice must be filed with the SEC, one of who is bear typed or printed signatures. It contain all information requested. Amending, and any material changes from the information on the Uniform Limited Offering Exemplying on ULOE must file a separate notice and of a fee as a precondition to the claim for the testing accordance with state law. The Appendix of the state will not result in loss of the loss of an available state exemption unline.	ities in the offering. A re address given below of dress. ashington, D.C. 20549, ich must be manually signation previously supplication (ULOE) for sales of with the Securities Admitted exemption, a fee in the dix to the notice constitute of the exemption.	notice is deemed filed or, if received at that ad a gned. Any copies not the name of the issuer and in Parts A and B. If the frecurities in those stands are proper amount shall the proper amount sha	with the U.S. Securities and iddress after the date on which it manually signed must be and offering, any changes Part E and the Appendix need ates that have adopted ULOE where sales are to be, or have if accompany this form. This ce and must be completed.
notice. Potential persons who are to	respond to the collection of information in the form displays a currently valid	on contained in this j	form	1972(2-97)

A. BASIC IDENTIFICATION DATA

2. Enter the information req	uested for the following:
Each promoter of the company of	ie issuer, if the issuer has been organized within the past five years;
 Each beneficial own 	ner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 Each executive office 	cer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Issuer/Sponsor Full Name (Last name first, if individual) ARCHIVIO RIVERSIDE SPONSOR, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 1345 North Wells Street, Chicago, Illinois 60610 Check Box(es) that Apply: □ Sole Member of the Issuer/Sponsor Full Name (Last name first, if individual) ARCHIVIO RIVERSIDE HOLDINGS, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 1345 North Wells Street, Chicago, Illinois 60610 Check Box(es) that Apply: □ Manager and Springing Member of Issuer/Sponsor and Manager of Archivio Riverside Holdings, L.L.C. Full Name (Last name first, if individual) Kaplan, Richard Business or Residence Address (Number and Street, City, State, Zip Code) 1345 North Wells Street, Chicago, Illinois 60610 Check Box(es) that Apply: □ Manager of Issuer/Sponsor and Manager of Archivio Riverside Holdings, L.L.C. Check Box(es) that Apply: □ Manager of Issuer/Sponsor and Manager of Archivio Riverside Holdings, L.L.C.	
Check Box(es) that Apply:	Issuer/Sponsor
Full Name (Last name first, if	individual)
	·
Business or Residence Address	(Number and Street, City, State, Zip Code)
1345 North Wells Stree	t, Chicago, Illinois 60610
Check Box(es) that Apply:	⊠ Sale Member of the Issuer/Sponsor
Full Name (Last name first, if	ndividual)
•	,
Business or Residence Address	(Number and Street, City, State, Zip Code)
1345 North Wells Stree	t, Chicago, Illinois 60610
Check Box(es) that Apply:	☑ Manager and Springing Member of Issuer /Sponsor and Manager of Archivio Riverside Holdings, L.L.C.
Full Name (Last name first, if	individual)
Kaplan, Richard	
Business or Residence Address	(Number and Street, City, State, Zip Code)
1345 North Wells Stree	t, Chicago, Illinois 60610
Check Box(es) that Apply:	☑ Manager of Issuer/Sponsor and Manager of Archivio Riverside Holdings, L.L.C.
Full Name (Last name first, if	individual)
Sickle Jill	

Business or Residence Address (Number and Street, City, State, Zip Code) 1345 North Wells Street, Chicago, Illinois 60610

		<u> </u>	<u> </u>		INFORM				· •		V	Ne
2. Wh	at is the min	old, or does i	ment that w	Answ ill be accept	er also in Ap ed from any	pendix, Coli individual?	umn 2, if fili	ng under Ul	.OE.		Yes	No ⊠
									e limited . ement an			
			_	•			_	_		a to issue	Yes	No
		ig permit joi:									⊠	
olicitati egistere	on of purchad with the SI	isers in cont	nection with ith a state or	sales of se states, list	curities in the	e offering. he broker or	If a person	to be listed	indirectly, a is an assoc ve (5) person	iated person	or agent o	fabroker o
Full Nam	ne (Last nam	e first, if ind	ividual)							· -		
Business	or Residenc	e Address (N	lumber and	Street, City,	State, Zip C	ode)	······					
Name of	Associated l	Broker or De	aler									
		on Listed has										
,		tes" or check		,					fer 1	(CA)		All States
AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	(CT) [ME]	(DE) [MD]	[DC]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
IL) MT]	(IN) (NE)	[IA] [VV]	[KS] [NH]	[KY]	(LA) (NM)	[ME] [NY]	[NC]	[MA] [ND]	[OH]	[OK]	[OR]	[PA]
RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ull Nam	ie (Last nam	e first, if ind	ividual)									
Business	or Residenc	e Address (N	lumber and	Street, City,	State, Zip C	ode)	2 1800 2 4					
lame of	Associated l	Broker or De	alcr									
		on Listed has ites" or check										All States
AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
IL)	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	(MO)
MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
RIJ	[SC]	(SD)	[TN]	[XX]	[TU]	[VT]	[VA]	(WA)	[WV]	(WI)	[WY]	[PR]
ull Nan	ne (Last nam	e first, if ind	iviđual)						•			
Business	or Residence	e Address (N	lumber and	Street, City,	State, Zip C	ode)						
Name of	Associated :	Broker or De	aler								·	
States in	Which Perso	on Listed has	Solicited o	r Intends to	Solicit Purch	asers						
												All States
AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[AMi]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[HH]	[14]	[MM]	[NY]	[NC]	[AD]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	(WY)	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES, AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the

Type of Security			An	nount Already Sold
Debt		0	\$	0
Equity		0	\$	0
☐ Common ☐ Preferred				
Convertible Securities (including warrants)	Offering Price \$ 0	\$	0	
Partnership Interests	\$	0	\$	0
Other (Limited Liability Company Interests)	\$ 5	,335,000	\$	5,011,654
Total	\$ 5	,335,000	\$	5,011,654
Answer also in Appendix, Column 3, if filing under ULOE.				
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."				. governta
			Do	aggregate Ilar Amount Purchases
Accredited Investors			\$	\$5,011,65
Non-accredited Investors.		1	\$	0
Total (for filings under Rule 504 only)	C)	\$	0
Answer also in Appendix, Column 4, if filing under ULOE.				
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
Type of Offering			Do	llar Amount Sold
Rule 505			\$_	
Regulation A			\$_	
Rule 504			\$_	
Total			\$_	· · · · · · · · · · · · · · · · · · ·
a. Furnish a statement of all expenses in connection with the issuance and distribution of the section of this offering. Exclude amounts relating solely to organization expenses of the issuer. The inforgiven as subject to future contingencies. If the amount of an expenditure is not known, furnish and check the box to the left of the estimate.	ormation may b	2		
Legal Fces.		🗵	\$ ()
Due Diligence Fees		⊠	\$ (0

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES, AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offering price given in response to Part C - C and total expenses furnished in response to Part C - Question 4.a. This difference is the gross proceeds to the issuer."	•	\$ 5,011,654
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be each of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of payments listed must equal the adjusted proceeds to the issuer set forth in response to Part C - Question 4.b. above.	and	
	procedure to the least of term in topolise to fair of Queen on the lace to	Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees.	⊠ \$ 301,862	□ \$
	Purchase of real estate	\$ 0	⋈ \$ 4,631,046
	Purchase, rental, or leasing and installation of machinery and equipment	□ \$ 0	□ \$ 0
	Construction or leasing of plant buildings and facilities	\$ 0	□ \$ 0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer		
	pursuant to a merger).	\$ 0	□ \$ 0
	Repayment of indebtedness	\$ 0	□ \$ 0
	Working capital (reserves)	□ \$ 0	□ \$ 0
	Other (specify): Loan Related Costs, Due Diligence/Title Fees, Legal/Professional Fees	□ \$ 0	⊠ \$ 78,746
	Column Totals	🛭 \$ 301,862	☑ \$ 4,709,793
	Total Payments Listed (column totals added)	⊠ \$ 5.01°	1.654

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U. S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

	/:	
Issuer (print or type) ARCHIVIO RIVERSIDE SPONSOR, L.L.C.	Signature Date SZS/Q	
Name of Signer (print or type) Jill Sickle	Title of Signer (print or type) Manager of the Issuer/Sponsor.	
	ATTENTION	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

F	CT	Α	TF	C1	GN.	٨	TI	ID	F
L.	O I	-1	1 6	31	CHIA.	-			æ

1.		resently subject to any of the disqualification	Yes No □ ⊠
		See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes 239.500) at such time as required by state I	o furnish to any state administrators of any state in which this notice is filed aw.	d, a notice on Form D (17 CFR
3.	The undersigned issuer hereby undertakes	o furnish to the state administrators, upon written request, information furn	nished by the issuer to offerees.
4.		ssuer is familiar with the conditions that must be satisfied to be entitled to t is notice is filed and understands that the issuer claiming the availability of a satisfied.	
	e issuer has read this information and knows t sons.	the contents to be true and has duly caused this notice to be signed on its bel	half by the undersigned duly au
AF	ner (print or type) RCHIVIO RIVERSIDE ONSOR, L.L.C.	Signature	5/25/87
	me of Signer (print or type) 1 Sickle	Title of Stene (print or type) Manager of the Issuer/Sponsor.	• •

Instruction:

Print the name and title of the signing representative under this signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	to non- investo	d to sell accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and chased in State (2- Item 2)		under Sta yes, explanati	5 alification ate ULOE (if attach on of waiver (Part E-Item 1)
State	Yes	No	\$5,335,000 in Limited Liability Company Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
ΑZ		x	\$5,335,000	1	\$ 736,590	0	0		Х
СО		х	\$5,335,000	2	\$400,000	0	0		Х
IL		х	\$5,335,000	12	\$3,025,064	0	0		Х
IN		х	\$5,335,000	ı	\$600,000	0	0		Х
KY		х	\$5,335,000	I	\$50,000	0	0		Х
NY		х	\$5,335,000	2	\$200,000	0	0		Х

